

# CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

City of Las Vegas/State of Nevada

Cedric Kerns

Las Vegas Municipal Court

Name (print)

Office (if applicable)

District (if applicable)

1212 Park Circle Las Vegas, NV 89101

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

X 3 Report Filing – Due May 31, 2005  
Period: January 1, 2005 – December 31, 2005

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## CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative  
From Beginning  
of Report Period  
#1 through End  
of This  
Reporting  
Period

9850.00

188,990.00

500.00

12,875.00

This Period

Cumulative From  
Beginning of  
Report Period #1  
Through End of  
This Reporting  
Period

3. Total Amount of Monetary Contributions Received  
(Add Lines 1 and 2)

201,865.00

4. Total Value of In Kind Contributions Received in Excess of \$100

0

0

## EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid  
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

17,800.00

194,326.37

0

1,167.62

17,800.00

195,493.99

## AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

EL201.doc

Revised: Jan-04

PAGE 1 OF 8

**CAMPAIGN CONTRIBUTIONS**Report Period **A**

Cedric Kerns

Las Vegas Municipal Court

Name (print)

Office (if applicable)

District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
David Mason 1128 S. Rancho Dr. Las Vegas, Nv 89102	6-21-05	300.00	
Sierra Health Services P.O. Box 15645 Las Vegas, NV 89114	6-21-05	300.00	
Tropicana Hotel 3801 LV Blvd. S Las Vegas, NV 89109	6-21-05	2000.00	
MGM/ MIRAGE	6-21-05	1000.00	
Dollar Loan Ctr. 6122 W. Sahara Las Vegas, NV 89146	6-21-05	1000.00	
CF Lee Medi Legal Inc 2770 S. Maryland Pkwy Las Vegas, NV 89109	6-21-05	200.00	
Associated Chapels Inc, 2855 Las Vegas Blvd. S. Las Vegas, NV 89109	6-21-05	1000.00	
Chris Rasmussen Ctd. 330 S. 3 <sup>rd</sup> st. #100 Las Vegas, NV 89101	6-30-05	250.00	
Joseph Carmango 302 E. Carson Ave. #612 Las Vegas, NV 89101	6-30-05	500.00	
Irwin Molasky 3111 S. Maryland Pkwy Las Vegas, Nv 89109	6-30-05	250.00	
Stout Management Co. 1900 Jones Blvd. Las Vegas, NV 89146	6-30-05	300.00	



**CAMPAIGN EXPENSES**Report Period **A**Cedric A. Kerns  
Name (print)Las Vegas Municipal Court  
Office (if applicable)

District (if applicable)

**Expense Categories**

<b>CATEGORIES</b>	<b>CODE</b>
Office expenses	<b>A</b>
Expenses related to volunteers	<b>B</b>
Expenses related to travel	<b>C</b>
Expenses related to advertising	<b>D</b>
Expenses related to paid staff	<b>E</b>
Expenses related to consultants	<b>F</b>
Expenses related to polling	<b>G</b>
Expenses related to special events	<b>H</b>
** Goods and services provided in kind for which money would otherwise have been paid	<b>I</b>
Other miscellaneous expenses	<b>J</b>
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	<b>K</b>

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Cedric Kerns

Las Vegas Municipal Court

Name (print)

Office (if applicable)

District (if applicable)

**Expenses in Excess of \$100**

**Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Southwest Strategies	F	6-21-05 6-2-05 7-12-05	1600.00 500.00 500.00
Cedric Kerns	J	5-31-05 6-28-05	10,000.00 500.00
Victor Rosales	B	7-11-05	200.00

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**IN KIND CONTRIBUTIONS AND EXPENSES REPORT**

**IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.**

*In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a*

*campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.*

**The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)**

**Examples of in kind contributions:** (1) *A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution;* (2) *A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.*

**Example of in kind expenses:** (1) *A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.*

**IN KIND CAMPAIGN  
CONTRIBUTIONS**Report Period **A**Cedric Kerns  
Name (print)Las Vegas Municipal Court  
Office (if applicable)

District (if applicable)

**IN KIND**

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
N/A				

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**IN KIND CAMPAIGN  
EXPENSES**

Report Period **A**

Name (print)

Office (if applicable)

District (if applicable)

**IN KIND**

**Expenses in Excess of \$100**

**Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary**

<b>NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)</b>	<b>DESCRIPTION OF EACH IN KIND EXPENSE</b>	<b>DATE OF EACH IN KIND EXPENSE</b>	<b>VALUE OR COST OF EACH IN KIND EXPENSE</b>
N/A			

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